

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

A.

Full Name (Last, First, Middle Initial)

Mr David Dizney

Mailing Address P.O. Box 1100

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing federal political committee.

C

Name of Employer
United Medical Corporation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.5656

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Len Dziobla

Mailing Address 1744 N. Farwell Avenue

City

Milwaukee

State

WI

Zip Code

43202

FEC ID number of contributing federal political committee.

C

Name of Employer
Phoenix Care Systems

Occupation
CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.5557

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Joy Figarsky

Mailing Address 8 Warblers Cove

City

Little Rock

State

AR

Zip Code

72211

FEC ID number of contributing federal political committee.

C

Name of Employer
Youth & Family Centered
Servic

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.5607

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)